

AMENDMENT TRANSMITTAL LETTER				Docket No. 3782-0110P																																				
Application No. 09/813,116-Conf. #8100	Filing Date March 21, 2001	Examiner F. Backer	Art Unit 3621																																					
Applicant(s): Christer FAHREUS et al.																																								
Invention: METHOD AND APPARATUS FOR MANAGING VALUABLE DOCUMENTS																																								
<p>MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p>																																								
CLAIMS AS AMENDED <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"> </th> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th style="width: 15%;"> </th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>53</td> <td>- 53 =</td> <td>0</td> <td>x 50.00</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>8</td> <td>- 8 =</td> <td>0</td> <td>x 200.00</td> <td>0.00</td> </tr> <tr> <td colspan="6">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6">Other fee (please specify):</td> </tr> <tr> <td colspan="6">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00</td> </tr> </tbody> </table>						Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	53	- 53 =	0	x 50.00	0.00	Independent Claims	8	- 8 =	0	x 200.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00					
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<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																								
Dated: <u>November 24, 2006</u>																																								
Michael K. Mutter Attorney Reg. No.: 29,680																																								
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